

HARM REDUCTION INFORMATION NOTE - KAZAKHSTAN

This information note has been compiled by Harm Reduction International (HRI) in collaboration with Eurasian Harm Reduction Association (EHRA) to highlight the impact of US funding cuts in harm reduction in Kazakhstan.

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1. Epidemiological data and harm reduction services

1.1 People who use drugs, HIV and HCV

- There are an estimated of 79,900 people who inject drugs in Kazakhstan.¹
- The estimated HIV prevalence among people who inject drugs is 7.6%.²
- The Hepatitis C (anti-HCV) prevalence among people who inject drugs is 58.6% and Hepatitis B (anti-HBsAg) prevalence among people who inject drugs is 8.3%.³

1.2 HIV prevention and harm reduction coverage

- The coverage of opioid agonistic therapy (OAT) among people who inject drugs is 7.8%.⁴
- The Antiretroviral therapy coverage among people who inject drugs is 65.5%.⁵
- The coverage of HIV prevention program is 74.2%.⁶
- The percentage of safe injecting practices is 69% and 138 needles and syringes are distributed per person who injects drugs.⁷

2. Harm Reduction programmes and funding source mapping

Funding agency	PEPFAR ⁸	Global Fund ⁹	Government ¹⁰
Partners and principal recipients	<ul style="list-style-type: none"> • Family Health International; • Trustees Of Columbia • Kazakhski Nauchny Tsentri Dermatologii I Infektsionnykh Zabolevani Gp 	Kazakh Scientific Center of Dermatology and Infectious Diseases of the Ministry of Health of the Republic of Kazakhstan (KSCDID)	
Provinces/district covered	2 regions	3 regions	All regions
Key interventions	<ul style="list-style-type: none"> • Community based-testing; • Facility-based testing; • HIV Clinical Services; • PrEP. 	<ul style="list-style-type: none"> • Needle and syringe programmes; • Opioid substitution therapy and other medically assisted drug dependence treatment; 	HIV prevention services

		<ul style="list-style-type: none"> Sexual and reproductive health services, including STIs, hepatitis, post-violence care. 	
Total reach		8% of total estimated people who use drugs by 2026	62% of total estimated people who inject drugs by 2026
Total funding for People who use and inject drugs	USD 467,300 (2024)	USD 1,210,600 (GC7)	
Budget for OAT/MAT		USD 320,733 (GC7)	
Budget for NSP	NA	USD 884,760 (GC7)	
PreP	USD 20100 (2024)	2918 (GC7)	

- Government is the main funder of HIV prevention services among people who inject drugs. The Government funded prevention program aim to cover 62% (50,106) of total people who inject drugs by 2026 in all planned 20 districts; while Global Fund coverage for the same program and time-period is estimated to be around 8% covering three districts. However, the three districts supported by the Global Fund are home to quarter PWID population of Kazakhstan with high HIV prevalence levels.¹¹
- The government of Kazakhstan is funding the procurement of syringes and condoms for PWID across the country to ensure the necessary reach. It is also funding outreach workers to provide services based in AIDS Centers.
- OAT medication procurement transitioned to the government funding. In November 2024 the first government procurement of methadone took place in Kazakhstan: 2000 bottles for 400 patients for 10 months¹². Procurement of OAT medication is not covered by the Global Fund anymore. At the same time PEPFAR (CDC) is funding capacity building of OAT programme.
- In 2024 NGOs were working on HIV social contracting in 11 regions. In 2025 all 20 regions will be providing options for social contracting¹³.

3. Overall estimated Impact of US funding cut on HIV response including harm reduction services.¹⁴

- With a total allocation of \$3.7 million for September 2024-2025, PEPFAR accounts for 2% of HIV response funding, while the Global Fund contributes 3%. Programs supported through USAID operate in 2 of 20 regions (Pavlodar, East Kazakhstan (Abai, Ust-Kamenogorsk), complemented by a CDC-funded initiative aimed at strengthening the health system. Budget distribution: HIV testing - 24%; Prevention - 16%; clinical care - 27%; Health systems - 33%. KPs outreach targets in numbers (6000) for 2025 fiscal year: 3740 self-testing outreach targets in Ust-Kamenogorsk; 2304 self-testing outreach target - Pavlodar. Case-finding target: 282 in 2 regions.
- The work of 4 NGOs (3 already working and 1 being planned to be supported) on testing, linkage& adherence (MSM/ Community Friends) in 2 regions was supported through PEPFAR and also Kazakhstan Union of PLHIV on CLM (SAPA project) and ICAP Columbia University.
- CDC-funded programmes continue operations (ICAP as implementer) applying the condition of the Temporary Restricting Order (TRO) and Limited Waiver to Pause, the CDC office is not operating.

- The key populations in particular people who use drugs and men having sex with men are mostly affected by US funding cuts in 2 regions.
- The discontinuation of outreach services for key populations - previously led by 3 HIV-serving NGOs in 2 of 20 regions - affects areas home for up to 20% (14 000) of the total PUD size estimation and 9% (6 500) of the MSM population. As these services focused on case detection (testing) and linkage to care, their suspension is likely to hinder national progress on new case detection (the first 95), treatment adherence (the second 95), and PrEP scale-up. Medications for PrEP are fully procured by the government, while Global Fund, PEPFAR and state funded outreach workers providing services related to PrEP demand and distribution. PEPFAR (USAID) contributed 13% to the 1st 95% in those 2 regions.
- Measures being taken so far: domestic resources will be used to sustain outreach services in the two affected regions, enabling AIDS centers to contract outreach workers. This measure accounts for the funding pause, which will transition into termination after a 90-day freeze. There is also a dialogue with the Global Fund on up-take of some services funding can be done after the 90 days pause and more clarity with the final decision.

References

- ¹ HRI 2024 Global State of Harm Reduction <https://hri.global/flagship-research/the-global-state-of-harm-reduction/>
- ² HRI 2024 Global State of Harm Reduction <https://hri.global/flagship-research/the-global-state-of-harm-reduction/>
- ³ HRI 2024 Global State of Harm Reduction <https://hri.global/flagship-research/the-global-state-of-harm-reduction/>
- ⁴ <https://www.unaids.org/en/regionscountries/countries/kazakhstan>
- ⁵ <https://www.unaids.org/en/regionscountries/countries/kazakhstan>
- ⁶ <https://www.unaids.org/en/regionscountries/countries/kazakhstan>
- ⁷ <https://www.unaids.org/en/regionscountries/countries/kazakhstan>
- ⁸ The data in this column are derived from <https://www.dataetc.org/projects/pepfar/>
- ⁹ The data in this column are derived from <https://data.theglobalfund.org/financial-insights>
- ¹⁰ Kazakhstan Global Fund GC7 Funding Request <https://data.theglobalfund.org/location/KAZ/access-to-funding>
- ¹¹ Kazakhstan Global Fund GC7 Funding Request <https://data.theglobalfund.org/location/KAZ/access-to-funding>
- ¹² Data presented by Nadezhda Cherchenko, OST Coordinator at the Republican Scientific and Practical Center of Mental Health in Kazakhstan, at the 6th European Harm Reduction Conference (Poland) in December 2024.
- ¹³ According to the information officially requested and received by EHRA from the local civil society and technical partners in Kazakhstan in March 2025. Information about the current situation with the impact of the US funding freeze presented in the document is actual as on the end of March and may be subject to change on a weekly basis.
- ¹⁴ Ibid.